The Cabinet Office NSW Submission to the Commonwealth COVID-19 Response Inquiry

22 December 2023

NSW GOVERNMENT

Executive Summary

Australia had a world-leading response to the COVID-19 pandemic across a range of measures. This outcome was enabled by strong health care systems, well developed emergency response capabilities and robust governance structures.

COVID-19 challenged our federated system of government, our healthcare and economic systems in an unprecedented way. Notwithstanding the successes, there are areas which could be improved to ensure greater preparedness for future pandemics. Future planning and preparedness must consider new knowledge and technologies gained through the pandemic, particularly for vaccine development. It must also consider a range of scenarios and not be confined to the COVID-19 characteristics.

Noting the Inquiry Terms of Reference, this submission focuses on challenges experienced at the interface of Commonwealth and state and territory responsibilities. In particular, challenges relating to governance, the delineation of responsibilities in public health responses, and the coordination of community and financial supports. Across many areas of the pandemic response responsibility for delivery was, pragmatically, determined by necessity rather than first principles or overall efficacy. These issues warrant further review.

The NSW Cabinet Office welcomes the opportunity to make a submission to the Commonwealth's COVID-19 Response Inquiry. Several reviews have been conducted in NSW and lessons from these reviews are being implemented. Many of the lessons are relevant to the national review. NSW government agency officials welcome the opportunity to meet with the Inquiry Panel to discuss issues reflected in this submission in further detail.

Note: This is an officials level only document and does not represent a NSW Government submission.

1 Governance and interjurisdictional decision-making architecture

National Cabinet was an effective forum for quick, consensus decision making in the early pandemic

- Given Australia's federal structure, National Cabinet was an appropriate and effective governance body to facilitate rapid, nationally-consistent decision-making on key aspects of Australia's public health response. For example, early decisions on broad public health and social measures informed by the Australian Health Protection Principal Committee (AHPPC)'s advice contributed to lower national mortality rates in the early stages of the pandemic than most other countries.
- National Cabinet's decisions were heavily influenced by health advice in the early phase of the pandemic. However, as decisions moved from emergency response to national re-opening plans, governance and advisory structures evolved to include more social and economic evidence e.g. the economic benefits of essential workers returning to workplaces.
- National Cabinet was most effective when agreeing overarching strategic settings or principles to guide state and territory implementation of a national approach e.g. the National Framework for Managing COVID-19 in Schools and Early Childhood Education and Care. First Ministers were less equipped to make detailed operational judgements and this work was quickly devolved to the officials' level network, the National Coordination Mechanism (NCM), which effectively coordinated operational agencies to achieve practical outcomes. For example, the Supermarket Taskforce was particularly influential in assisting the business and retail sector navigate complex Public Health Orders and stabilise supply chains.

For Further Investigation

1. Establishing processes and governance structures to ensure National Cabinet is advised on health, economic and other social considerations, even in emergency decision-making phases.
2. Clarifying the relationship between health agencies such as ATAGI, the AHPPC and a future Australian Centre for Disease Control (CDC) and their respective roles in informing National Cabinet decision-making.
3. Considering how the NCM can be utilised in future crises. The effectiveness of the NCM has continued to be displayed through varied responses to crisis, such as repatriation and recent cyber incidents.

2 Delineation of responsibilities in public health responses

2.1 Quarantine and International Airports

The absence of national quarantine arrangements required states and territories to fund and deliver border control measures beyond their constitutional remit

- This required significant ongoing state and territory resources which had to be diverted from other aspects of the public health response and was in addition to other public safety responsibilities.
- The state-by-state approach also created difficulties in acquitting funding for returned travellers who undertook quarantine in a jurisdiction other than their place of residence.

Case Study

- NSW successfully quarantined more than 265,000 returned Australian citizens and travellers from March 2020 to April 2022, more than any other jurisdiction. This included a substantial number of citizens from other states and territories. Early in the period, NSW was quarantining 50 per cent of all international arrivals into Australia.
- NSW oversaw the operational functions of Sydney Airport for passengers and aircrew returning to Australia through NSW, including screening, collection and testing, and other processes related to the health of passengers and crew.
- NSW Health was responsible for receipt and assessment of applications for exemption from the Public Health Orders for Air Transportation, Maritime and Interstate travellers. In 2021, NSW processed more than 15,200 applications and granted more than 5,200 applications for exemptions for people to farewell deceased loved ones or support ill family members.
- The hotel quarantine system relied heavily on NSW police and health resources. At times during domestic outbreaks, NSW had to reduce hotel quarantine capacity to allow for the diversion to critical government resources to manage the lockdown.
- Despite these pressures and challenges, NSW also worked closely with the Commonwealth to facilitate urgent repatriation flights from Afghanistan, above and beyond existing capacity, to support the arrival, quarantine, and future care of this cohort – through the coordination of additional humanitarian and settlement supports.

For Further Investigation

1. Improved planning, funding, and operationalisation of quarantine arrangements in a future pandemic, including pre-screening options for returning travellers.
2. A Commonwealth delivered, centralised approach to managing hotel quarantine in the event of a future pandemic, in line with the Commonwealth's role in managing international border arrangements and biosecurity risks.

2.2 Cruising

States led the safe resumption of cruising

- Early in 2020, cruise ships were identified as environments conducive to COVID-19 outbreaks and the Cth implemented a national biosecurity ban on entry of international cruise ships. In 2022, the Cth indicated its intention to lift the ban, but there were no nationally consistent protocols for the safe resumption of cruising.
- In the absence of a national protocol, NSW was tasked by National Cabinet to develop a multi-jurisdictional protocol for COVID-19 management on cruise ships, in close partnership with the cruise industry, Commonwealth, Victorian, Queensland, and Western Australian Governments. This protocol was adopted by Australian jurisdictions and effectively supported the safe resumption of cruising nationally.

For Further Investigation

1. Centralised approaches to the implementation of a nationally consistent protocol.
2. Roles and responsibilities for developing health protocols that cut across jurisdictions.
3. Centre for Disease Control (CDC) as the co-ordinator of centralised approaches to intelligence-gathering, risk assessments and international best practice approaches.

2.3 Vaccine, community testing and treatment rollouts

Procurement delays and failure to utilise established delivery mechanisms hampered the vaccination and testing program

- While vaccine procurement was appropriately a Commonwealth responsibility, the roles and responsibilities for distribution, eligibility, and administration (particularly for priority groups) were not well defined outside traditional state and territory vaccination roles and responsibilities. This led to challenges in rapid implementation, public confusion and delay.
- The rollout could have better leveraged states' and territories' established strengths in supply chains and logistical expertise. Public demand for mRNA COVID-19 vaccines outstripped supply during early phases of the vaccine rollout.
- The Commonwealth has embedded some of the innovations made during the pandemic, such as the initiative to fund administration by pharmacists for National Immunisation Program (NIP) vaccines. This initiative will increase access and general vaccination capacity for a future pandemic. However, other health care professionals, such as nurses in GP practice, were not appropriately funded to increase the sustainability of vaccination capacity.

For Further Investigation

1. Capacity to rapidly establish community PCR testing, at-home testing and vaccination including through primary care providers using normal national immunisation program logistics and implementation approaches.
2. Supply and administration of vaccines and testing capacity in regional, rural and remote Australia, including remote Aboriginal communities.
3. The coordination of workforce and supply and stockpiling of PPE and other essential equipment, including ventilators and PPE (early in the response) and PCR and rapid antigen test kits, testing equipment and treatments (later in the response, and as the pandemic and testing capabilities evolved, and treatments became available).

4. Roles and responsibilities in areas of primary care, including community pharmacists and Aboriginal Community Controlled Health Services.

2.4 Aged care, disability and primary care

States and territories took on additional responsibilities to deliver public health responses in aged care homes and disability group homes, which they were not resourced to do

- The Commonwealth's primary responsibility for aged care and disability was, due to necessity, deputised by states and territories. This included the provision of workforce support, infection prevention control (IPC) expertise, resources such as PPE and RATs, and crisis management support.
- This exerted significant pressure on an already strained workforce, and the support was not adequately recognised with appropriate funding.
- Primary care services, including Aboriginal Community Controlled Organisations (ACCOs), looked to NSW Health for the provision of PPE early in the pandemic. NSW Health also supported primary care services in aged care and disability services when outbreaks occurred.

Case Study

- Early in the pandemic, aged care facilities and primary care services looked to NSW Health for the provision of PPE, testing supplies and workforce when staff were either unwell, in quarantine or unwilling to work with COVID-19 patients. This meant NSW Health needed to rapidly scale assistance to distribute supplies and to provide workforce at short notice. It also led to the provision of mass testing clinics and scaling of testing when GPs and pathology collection centres moved away from routine provision of these services.
- Mechanisms for the rollout of vaccines and rapid antigen testing in aged care facilities were often implemented late and experienced delays, meaning that NSW Health needed to urgently coordinate teams to enhance testing or immunisation in areas where outbreaks of COVID-19 were occurring.

For Further Investigation

1. Roles and responsibilities for vaccine administration in the Aged and Disability care context.
2. National procurement and delivery of key supplies (PPE, ventilation equipment, vaccines, tests and testing equipment, treatments).
3. Workforce capacity, training, and scalability.
4. Emergency management capability of residential aged care facilities, disability and community primary care and appropriate integration into established government response structures.

3 Coordination of community and financial supports

3.1 Public Messaging and Communications

Public communication of health advice was not always timely and consistent across levels of government, nor sensitive to needs of different community groups

- Public messaging on vaccination, quarantine and lockdown requirements were issued by local, state and federal government agencies without central coordination. Time lags in national communications also meant there was some misalignment with jurisdictional differences in the health situation and decision making.
- Social media, marketing and general communications were poorly coordinated and insufficiently tailored to address the concerns of local communities and mitigate misinformation. Issues with translated materials also led to a lack of trust across communications at all levels of government. Earlier partnerships with communities to address misinformation would have improved communication, noting this is a shared responsibility of States and Territories and the Commonwealth
- At times, communication from the Commonwealth was authorised unilaterally, and missed an opportunity to draw upon states' and territories' expertise in the local context and understanding how communications are best received by multicultural groups.

Case Study

- Several major national communications campaigns were launched without prior consultation with states and territories. This included the *'Arm yourself'* tv and print vaccination campaign at the height of the second wave in mid-2021 which caused distress to culturally and linguistically diverse communities, many of whom regarded the slogan to be confusing or combative.
- The unilateral authorisation did not leverage the expertise states, territories, and local organisations in community engagement, which could have ensured the campaign was effective in achieving its desired outcomes.
- Tailored messaging and drawing on multicultural expertise within communities is necessary for appropriate translation of content and effective communication with the whole community.

For Further Investigation

- Strategies for ensuring consultation with state, local governments and community groups is informed by experts with a deep understanding of community and cultural needs.
- Governance for greater alignment of federal, state and local messaging.
- The coordination and streamlining of public health messaging regarding vaccine safety, eligibility, and dosage recommendations.

3.2 First Nations Supports

Governments did not always serve First Nations communities in culturally aware and safe ways

- Many of the issues outlined in this submission were felt more acutely by Aboriginal communities. This was largely driven by mainstream methods of delivery which did not fully account for structural impediments, historic issues and inequities faced by Aboriginal households and communities.
- First Nations service delivery often lacked clear roles and responsibilities between levels of government, adequate funding, tailored communications, implementing activities, and relevance to the specific cultural needs of communities.
- Adjustments to mainstream service delivery and communications were often insufficient to address the needs of Aboriginal communities and contributed to lower vaccination rates in these communities.

Case Study

- NSW has over 60 discrete Aboriginal communities (DACs) which are largely isolated and have unreliable access to mainstream media, infrastructure, and services. DACs demographics, social networks and cultures are distinct from mainstream communities.
- Governments' 'tailored' First Nations communications, for keeping safe, vaccinations, services and lockdowns generally involved small adjustments to mainstream approaches – and were slow to develop. Delays meant people were sourcing information from platforms and trusted people or sources, which spread misinformation. Government communications (format, content, relevancy) did not effectively combat the misinformation.
- The local Aboriginal services who had existing relationships were also relied upon heavily to provide insights into local issues, needs and priorities, as data was inaccurate or unavailable. This meant that services not funded to provide support were playing a leading role, while those with funding were unable to reach into Aboriginal communities where needed.

Further Investigation

- Policies and processes for cultural appropriateness and awareness, and removing systems which create and/or perpetuate inequities for Aboriginal people.
- A mechanism for strategies which are co-designed with relevant Aboriginal community-controlled organisations for emergencies, that work locally with regional, state, and federal governments to provide culturally safe and responsive supports for Aboriginal people.
- Improving data sources and sharing across governments and trusted partners, to enable agile, decision-making that responds to the right priorities, at the right level (local or regional) on critical life-threatening issues.

3.3 Financial Supports

Cooperation between levels of Government for Australia's economic response was generally good, but inconsistency in approach led to some duplication of effort

Case Study

- The roles and responsibilities of the Commonwealth and state governments in relation to financial support for individuals and businesses impacted by pandemic-related lockdowns could have been more clearly defined.

- The Commonwealth Government provided support to individuals through JobKeeper from 2020 until March 2021 which also served as a form of business support. However, the Commonwealth did not agree to reintroduce JobKeeper during the Delta outbreak in 2021.
- This left NSW to provide support to businesses directly until a new co-funded measure, JobSaver, commenced on 26 July. NSW allocated significant resources to design and implement JobSaver when systems already existed at a Commonwealth level that would have facilitated roll-out of the program.

For Further Investigation

1. Review pre-planning and modelling on economic and fiscal shocks to assist evidence-based decision making.
2. Roles and responsibilities for provision of individual and business supports.
3. Establishing a standardised national arrangement to address governance issues and provide equitable supports to impacted individuals and businesses (e.g. similar to the Disaster Recovery Funding Arrangements (DRFA)).

3.4 Supply Chain Issues

Inconsistent processes, rules and procedures for freight hampered the flow of goods and created a complex operating environment for business and government

- Workers directly moving freight such as heavy vehicle drivers and infrastructure maintenance crews were not always explicitly included on lists of essential workers.
- NSW had to ensure appropriate exemptions to port entry restrictions were in place to facilitate continued port operations whilst maintaining strict international border entry protocols.
- International border entry requirements and state and territory quarantine requirements were particularly challenging for maritime crew seeking to enter Australia by air to replace vessel crews at the end of their contracts. The complex and time sensitive coordination required between entry approvals, flights, hotel quarantine and vessel timing enhanced this challenge.

Case Study

- In the initial period of the pandemic, inconsistent public health requirements for truck drivers and other key supply chain workers between jurisdictions created complexity for businesses and caused delays in freight movement.
- Transport for NSW had to establish and operate eleven freight worker testing sites at the peak of the response to assist heavy vehicle drivers to meet the different state border testing requirements, as well as provide facilities that were suitable and accessible for these workers.
- The National Freight Movement Code (NFMC) successfully enabled the continued movement of freight while restrictions were in flux, but this was not introduced until August 2021, 16 months from the onset of the pandemic.
- Disruptions to freight supply also created a high-risk situation for rural and remote communities, who had limited access to vital items – such as food, water and healthcare.

For Further Investigation

1. Establishing a standardised national procedure to enable continued movement of freight and workers during a pandemic across land, air and sea borders.
2. Establishing rapid responses for remote and regional-based people who require essential supports, including food, water and medications.

3.5 Data and Information Sharing

Data was not always shared between governments in a timely way, which limited the efficacy of public health and economic support measures

- Delivery of the vaccine rollout, testing and financial supports were hindered by access to data sets held between different levels of Government. Challenges included regulatory, governance and institutional barriers to information sharing, particularly between levels of government.

Case Study

- NSW was often unable to access the detailed data sets needed to target its public health response in real-time. This included data held by the Commonwealth Government on vaccination rates by geography and different cohorts. This data was eventually shared with NSW demonstrating technical barriers could be overcome within existing legislative frameworks.
- State and territories efforts to target distribution of rapid antigen tests to vulnerable cohorts were similarly limited by an inability to access Australian Taxation Office (ATO) data. In NSW this meant taking a broad approach to distribution through NSW government service centres and community organisations.
- A lack of data (particularly ATO data) from the Commonwealth was a key barrier for NSW to assess, implement and cost the NSW component of the Pandemic Leave Disaster Payment and High-Risk Settings Pandemic Payment. Agreements between ATO and Service NSW were needed for each program but were not in place until after programs commenced.
- Additionally, sharing of ATO data was critical for determining eligibility for business supports and mitigating fraud.
- State and territory developed applications worked well to support public health and safety measures such as venue check-ins and positive case notifications. However, integration of vaccine certification with apps was slow to implement and the end solution was difficult to navigate for users. This limited uptake and its utility as a compliance tool and epidemiological data input.

Further Investigation

1. Proactive data sharing arrangements between the Commonwealth and state and territories to enhance national ability to make well-informed, targeted policy decisions.
2. Embedded processes which provide a pathway to the Commonwealth and states and territories sharing of data expeditiously to inform public health and economic responses.
3. Access to, and quality of data to support Aboriginal Australians' outcomes, across government.
4. Planning and coordination of key health data and certifications with government service applications and technologies including cross-jurisdiction operability.

4 References/other materials

Further to the above, NSW invites the Inquiry to consider these supplementary materials drawn from previous NSW reports and inquiries.

- As one system: The NSW Health System's Response to COVID-19
- As one system: The NSW Health System's Response to COVID-19 – Progress Report
- NSW Health commissioned report on the NSW public health response to the COVID-19 pandemic
- Audit Office Report: New South Wales COVID-19 vaccine rollout
- Audit Office Report: Coordination of the response to COVID-19 (June to November 2021)
- Coordination of the response to COVID-19 (June to November 2021)
- Report – Improving crisis communications to culturally and linguistically diverse communities – NSW Legislative Assembly